



**TOWN CLERK BARRINGTON**

**VITAL RECORD REQUEST**

DCN #: \_\_\_\_\_

QTY ISSUED: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

TYPE OF PAYMENT:

CHECK # \_\_\_\_\_

CASH \_\_\_\_\_

PLEASE NOTE: A LEGIBLE PHOTO-COPY OF THE APPLICANT'S PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST.  
MAIL FORM WITH PAYMENT TO: BARRINGTON TOWN CLERK, PO BOX 660, BARRINGTON, NH 03825. PHONE : (603) 664-5476

**BIRTH**

NUMBER OF COPIES \_\_\_\_\_ (first copy at \$15.00, each additional copy, \$10.00)

Name of Child \_\_\_\_\_

Full Name of Father/Parent \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Full Maiden Name of Mother/Parent \_\_\_\_\_ City of Birth \_\_\_\_\_

**DEATH**

NUMBER OF COPIES \_\_\_\_\_ (first copy at \$15.00, each additional copy, \$10.00)

Full Name of Deceased \_\_\_\_\_ Sex \_\_\_\_\_

Date of Death \_\_\_\_\_ City of Death \_\_\_\_\_ Issued With /Without Cause of Death \_\_\_\_\_

**MARRIAGE**

NUMBER OF COPIES \_\_\_\_\_ (first copy at \$15.00, each additional copy, \$10.00)

Full Name of Groom/Person A \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Full Name of Bride/Person B \_\_\_\_\_ City of Marriage \_\_\_\_\_

**DIVORCE**

NUMBER OF COPIES \_\_\_\_\_ (first copy at \$15.00, each additional copy, \$10.00)

Full Name of Husband/Person A \_\_\_\_\_ Date of Divorce \_\_\_\_\_

Full Name of Wife/Person B \_\_\_\_\_ City of Divorce(county) \_\_\_\_\_

NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE BE COLLECTED FOR EACH RECORD REQUESTED IF THE RECORD IS LOCATED AND YOU MEET THE ELIGIBILITY REQUIREMENTS YOU WILL BE ISSUED THE REQUESTED NUMBER OF CERTIFIED COPIES OF THAT RECORD. PAYMENT MUST ACCOMPANY THIS SIGNED FORM. PAYMENT MAY BE MADE IN THE FORM OF CASH OR CHECK. THE CHECK SHOULD BE MADE OUT TO: BARRINGTON TOWN CLERK. SEND TO: BARRINGTON TOWN CLERK, PO BOX 660, BARRINGTON, NH 03825.

**PLEASE PRINT**

Applicant's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Applicant's Address: \_\_\_\_\_

Reason for Certified Request: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Relationship to Registrant \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_